Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID:	69761
Application ID:	10711754
Title of Invention:	MEDICAL EXAMINATION TABLE
First Named Inventor:	Philip Stewart
Domestic/Foreign Application:	Domestic Application
Filing Date:	2004-10-01
Effective Receipt Date:	2004-10-01
Submission Type:	Utility Patent Filing
Filing Type:	new-utility
Confirmation number:	5753
Attorney Docket Number:	MIDTF365P2
Total Fees Authorized:	790.0
Payment Category:	Deposit Account
Deposit Account Number:	233000
Deposit Account Name:	WHE
Access Code:	****
RAM Payment Status:	RAM has been failed because:
	Deposit Account has insufficient funds to complete sale.

Digital Certificate Holder: cn=David Wesley Dorton,ou=Registered Attorneys,ou=Patent and Trademark Office,ou=Department of Commerce,o=U.S. Government,c=US
Certificate Message Digest: c97a1a099a6133368182ede842e0d5e71db08535

FEE TRANSMITTAL

Electronic Version v09
Stylesheet Version v08.0

Title of Invention	MEDICAL EXAMINATION TABLE

Application Number:

Date:

First Named Applicant: Philip Marc Stewart

Attorney Docket Number: MIDTF365P2

TOTAL FEE AUTHORIZED $790

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

BASIC FILING FEE

Fee Description	Fee Code	Amount $	Fee Paid $
Utility Filing Fee	1001	790	790
		Subtotal For Basic Filing Fee: $790	

EXTRA CLAIM FEES

Fee Description	Extra Claims	Fee Code	Amount $	Fee Paid $
Total Claims: 13	0	1202	18	0
Independent Claims: 1	0	1201	88	0
		Subtotal For Extra Claims Fees: $ 0		

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 233000

Access Code   ****

Deposit name: WHE

Deposit authorized name: WHE

Signature: /David W. Dorton/

Date (YYYYMMDD):   2004-10-01

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	13	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	13 minus 20=	*
INDEPENDENT CLAIMS	10 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
X$ 9=		OR	X$18=	
X44=		OR	X88=	
+150=		OR	+300=	
TOTAL		OR	TOTAL	790

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X44=		OR	X88=	
+150=		OR	+300=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X44=		OR	X88=	
+150=		OR	+300=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X44=		OR	X88=	
+150=		OR	+300=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.